



St. Mary's Clinton Preschool
5 Prospect St. Clinton, NY 13323 Ph:315-853-619

www.stmarysclintonpreschool.org

Please return this application to St. Mary's with a \$100 deposit to guarantee your spot for the Summer Program by June 1st - this will go toward your first month's payment

Child's Full Name _____ M ___ F ___ DOB ___ / ___ / ___
Address _____ Home Phone# _____
Parent One _____ Occupation _____
Business Address _____ Business Phone _____
Parent Two _____ Occupation _____
Business Address _____ Business Phone _____
Parent One Phone _____ Parent Two Phone _____
Email(s) _____

Other Children Living at Home:
_____ DOB ___ / ___ / ___ _____ DOB ___ / ___ / ___

Child's Doctor _____ Phone _____

PERSON TO CONTACT IN EMERGENCY IF PARENTS ARE NOT AVAILABLE:
_____ Phone _____ _____ Phone _____

Please indicate below if you would like Session A, Session B or Both Sessions:

3 - 5 year old children only - 5 days a week - Monday - Friday 8:00 AM-4:00 PM

Session A (July 5th - July 28th) _____ Session B (July 31st-August 18th) _____

Cost \$1100 (4 weeks)

Cost \$825 (3 weeks)

Both Sessions _____

Cost \$1925 (7 weeks)

Monthly Payments Only*

Questions-Contact Kayla Brennan missbrennanpreschool@gmail.com

Payments for the Summer Program should be made at the beginning of each session

Make checks payable to St. Mary's Clinton Preschool

Signature of person responsible for tuition _____